

Joint funding bodies' review of research assessment British Orthopaedic Association

Academic orthopaedic surgery, like academic surgery in general is in jeopardy. Many of the reasons for this and recommendations for change have recently been published by the Academy of Medical Sciences (1)

The RAE has contributed significantly to this problem which, if it is not reversed, will adversely affect the education of future generations of medical practitioners.

We agree that research needs to be assessed. We agree that the research assessment process must be designed to support equality of treatment for all groups of staff in higher education but question (h) fails to ensure that the research assessment process is non-discriminatory. In its current form it discriminates against the surgical specialties and other craft specialties. In its current form, Sir John Charnley FRS would have had a very low rating in that he did not work in a large department, his work was not multi-disciplinary, he did not receive large grants, he did not publish in high impact journals and for many years published very little. Nevertheless, millions of people around the World have benefited from his research and the benefits to mankind has been many fold greater than that achieved by researchers who obtained a 5* rating in the recent RAE. Better mechanisms need to be designed to assess the quality of research.

In its current format the RAE fails to take into account the fact that surgeons and others in craft specialties need to continually exercise their practical skills and, therefore, have much less time available for research than their academic colleagues.

Secondly, clinical research must at least be given equal status to non-clinical research even though it usually requires much less funding, the funding usually does not come from a research council, is often not multi-disciplinary, and the results are published in professional journals which, because they are specialised, have a relatively low impact factor. Usually, the number of publications will be much less than that produced by individuals whose time for research is not diminished by the need to maintain their clinical and surgical skills.

The quality of research should be judged retrospectively by the impact that the research has had or is likely to have, as judged by the assessors. The fact that an individual has a major research grant should not count until the output of his research can be assessed. In the case of basic research it may take many years before this can be adequately assessed, but once the details have been published, the assessors should be able to judge its potential value. Some types of research require much more money than others and, therefore, the research funds that a researcher or group/institution have obtained should not count in the RAE. We are sure that everyone who has sat on grant giving committees will agree that occasionally significant research grants are made to an individual/group because the research looks exciting and promising but the project ends in failure. These researchers should receive some credit for their work but it should be less than that given to individuals/groups whose research has resulted in a positive outcome that benefits mankind even if it required minimal amounts of research funding.

The quality of research should be assessed by peers in the same area. The quality of genetic research should be judged by geneticists, the quality of orthopaedic research should be judged by orthopaedic surgeons etc. There has been a bias towards basic scientists evaluating clinical research whereas, if anything, the bias should be the other way. Clinical academics are more likely to see the potential benefits of basic science than basic scientists are to see the potential of clinical research.

We agree with all the comments made under question (i) (Priorities: what are the most important features in an assessment process?). The three most important are that it should be transparent, minimally expensive and fair.

Probably the least expensive and the fairest system would be to base the RAE on each researchers best two publications in the past 4 years, the impact of their work on the well being of the community (whether this be economics, financial, health etc) to be judged by peers in the same field and who are competent to judge the quality of the research.

If numbers of research students are to affect an individuals rating, this should be apparent in the quality of his / her two best publications in that he / she will have had much greater support and help in carrying out their research and producing their results. The same applies to the size of research grants.